

217196

Request for Cancellation of Certificate

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DATE: 10-9-09

Please consider this a request to cancel my:

- ☒ Class C Taxi Certificate ☐ Class A Restricted Certificate
- ☐ Class C Charter Certificate
- ☐ Class C Charter Bus Certificate
- ☐ Non-Emergency Certificate
- ☐ Class E Household Goods Certificate
- ☐ Class E Hazardous Wastes Certificate

RECEIVED
PSC SC
DOCKETING DEPT.

My Certificate Number is 8101.

Swamp Fox Taxi Service, LLC DBA
(Name of Company)

(If applicable)

P.O. Box 448

(Street Address)

(Mailing Address if different from Street Address)

Marion, SC 29571

(City, State, Zip Code)

(City, State, Zip Code)

843-206-4286

(Telephone Number)

Calitty Grant
(Signature)

owner
(Title)